

# The COVID-19 pandemic in South Australia: a survey of RGSSA members

Andrew Lothian\*

RGSSA, 39B Marion Street, Unley,  
SA, 5061, Australia.

\*E-mail: [lothian.andrew@gmail.com](mailto:lothian.andrew@gmail.com)

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## Abstract

The paper provides a snapshot of the effects of the COVID-19 pandemic on the members of the Royal Geographical Society of South Australia (RGSSA). It briefly reviews the dimensions of the pandemic globally, in Australia and in South Australia. Two previous national surveys are reviewed. The Society's members were surveyed online with 73 of its 305 members (24%) participating – 29 female and 44 male. Eighty per cent were 65 years and older. In all, 21 questions in the survey covered RGSSA-related issues, the effect of the lockdown, personal effects of the pandemic and views about the management of the pandemic by governments. Respondents' characteristics (age, gender, etc.) were also covered. Members missed RGSSA events and over half had watched lectures online. There was some nervousness about resuming meetings. Many members avoided public transport and events and found not visiting their family to be particularly hard. Travel plans of most respondents had to be cancelled but this freed them to travel locally and engage in other activities. Positive outcomes included learning Zoom and new professional skills, even musical instruments. Lifestyles had changed drastically during the pandemic. Many members were fearful of catching the coronavirus, many felt isolated and lonely and a minority were depressed. The financial situation of a minority suffered but for most it had no real effect. Some had become healthier through more walking and exercise. The majority though, found the experience to be negative. Governments were considered to have managed it very well. Most thought restrictions would end when a vaccine becomes available.

## Keywords

COVID-19, 2019 Novel Coronavirus, Opinion survey, Royal Geographical Society Members, South Australia.

A search of Royal the Geographical Society of South Australia publications at the time of the Spanish Flu Pandemic of 1918–1919 found no record of that tragic event. In view of this, it was decided to conduct a survey of members during the current COVID-19 pandemic to provide a record for posterity. The paper commences with an overview of the COVID-19 pandemic globally, in Australia and South Australia followed by a brief review of other COVID-19 surveys. It then describes the RGSSA survey respondents and the results of the survey.

## Context of COVID-19

COVID-19, also known as 2019 Novel Coronavirus, is a severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (World Health Organization (WHO), (2020)). Originating in Wuhan, China in December, 2019, it spread rapidly around the world over the next few months. On 30 January 2020, the World Health Organization declared it a Public Health Emergency of International Concern followed on 11 March, by recognising it as a pandemic (Zu et al., 2020;

Wikipedia, COVID-19 Pandemic). By mid-September, 2020, nine months after it first emerged, it had spread to 188 countries, infected around 29 million people, nearly 20 million of whom had recovered, and resulted in the death of over 900,000 people (John Hopkins University Coronavirus Resource Centre).

The coronavirus is spread by small droplets from coughing and sneezing, and nearby people can be infected. They can also be infected by touching contaminated surfaces and then touching their face. Symptoms include fever, cough, fatigue and breathing difficulties. Pneumonia and acute respiratory distress can also result. It affects the elderly more than the young, often hastened by pre-existing health conditions. The incubation is around five days but can extend to fourteen days. Some infected people, as many as 45%, carry it without knowing – they are asymptomatic. As at September 2020, over 320 vaccine candidates were being developed and six had reached phase 2–3 trials (Wikipedia COVID-19 vaccine).

Washing of hands and the use of sanitizers have been encouraged and this appears to have resulted in a substantial fall in the normal incidence of winter influenza. Control of the pandemic has focused on social distancing, use of face masks, isolating the

infected in hospitals, restricting travel, imposing city lockdowns to prevent mixing of people, and the closing of businesses as well as schools, sporting, religious and cultural events. Even attendance at weddings and funerals has been restricted. Many airlines have stopped flying and some have declared bankruptcy. Globally it has resulted in the greatest recession since the 1930s Great Depression. In an effort to maintain economic activity, governments have poured billions of dollars into employment relief.

Mitigation measures aim to “flatten the curve”, the projected rise in cases without intervention that can overwhelm hospitals and health services generally. At the same time, healthcare capacity has been raised by increasing the number of hospital beds, ventilators, health personnel and other resources to help cope with the expanded demand.

The severity of controls on personal movement and freedom and economic activity has resulted in some countries in COVID-exhaustion and rejection of restrictions, resulting in second waves of infections and overwhelming of health services.

Figure 1 shows the global incidence of people infected per capita with Australia and New Zealand having some of the lowest incidences.

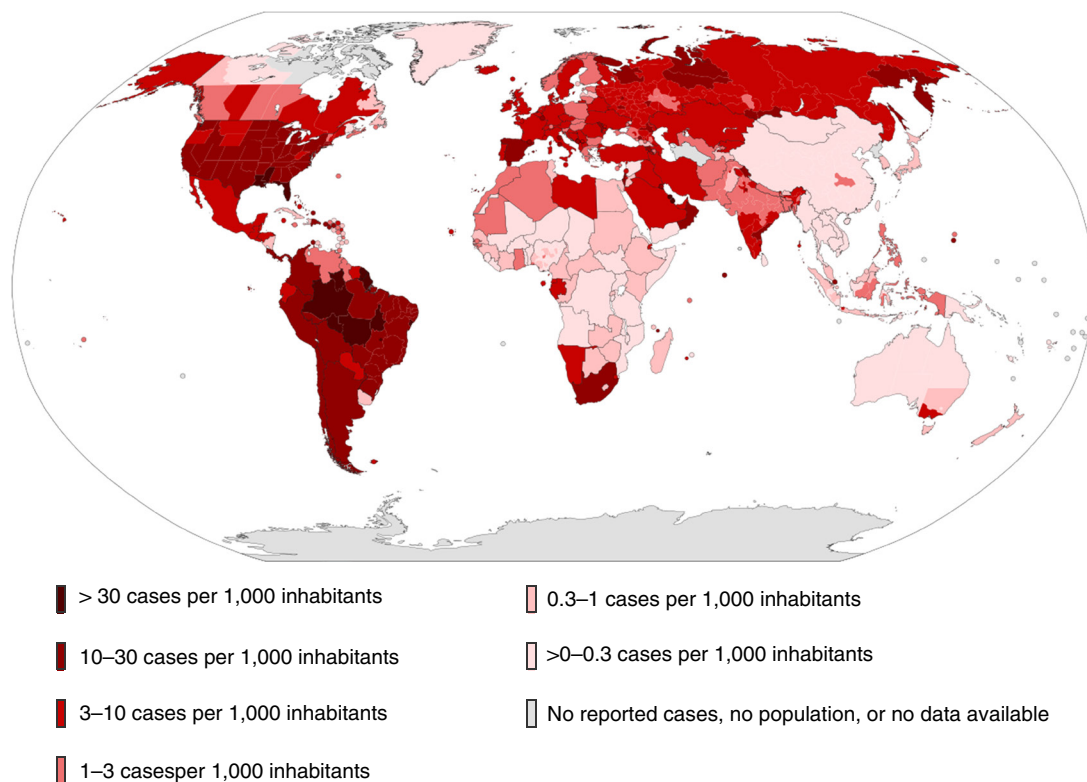


Figure 1: Map of the COVID-19 verified number of infected per capita as of 13 September 2020. Note: Wikipedia based on Johns Hopkins University Coronavirus Resource Centre data.

## Australia

Australia's first case of Covid-19 occurred on 25 January, 2020 from a man returning from Wuhan, China. State borders were closed to non-residents on 20 March, social distancing (1.5 metres) was brought in the next day, and non-essential services including pubs and clubs were closed. Shops, construction and manufacturing remained open but, with the exception of certain shops, were subsequently closed.

From mid-March, a National Cabinet of the Prime Minister, State Premiers and Territory Chief Ministers met weekly to coordinate policy and action. This was the first time since the Second World War that such a "war cabinet" had been established.

By mid-September, 2020, 26,600 Australians had been infected, 23,000 had recovered, and there were 800 deaths, most of them in Victoria from a second wave, which led to a lockdown of the State.

All travellers arriving from overseas were quarantined for fourteen days, initially at home but later in a hotel where they could be monitored. From 20 March, Australia closed its borders to all non-residents and non-Australian citizens. International cruise ships were blocked from calling at Australian ports from 15 April.

On 19 May, Australia proposed that the UN initiate an inquiry into the origins of the coronavirus and this was supported by over 100 nations. However, China objected vehemently to Australia's part in this and imposed steep tariff barriers on its beef and barley it imported from Australia and initiated an anti-dumping investigation into imported Australian wine.

Table 1 summarises the COVID-19 cases around Australian States and Territories. Victoria stands out as the aberration with its incidence rate ten times the average for the remaining jurisdictions. Figure 2 illustrates the case fatality ratio for Australia and South Australia and shows the effect of the second wave in Victoria which was responsible for 90% of Australia's deaths.

Incidence rate is per 100,000 people. Case fatality ratio is deaths  $\times$  100/total cases.

## South Australia

The South Australian Government announced a public health emergency on 15 March, followed a week later by a "major emergency" enabling the police to enforce self-isolation. State borders were closed on 24 March and limits imposed on gatherings. Through strict controls and the public's compliance, deaths in South Australia were kept to only four with around 466 infected.

## Previous surveys

In preparing the survey of RGSSA members, a survey conducted between April and August by the Australian Bureau of Statistics (ABS) (2020) was reviewed. Also, the Australian Institute of Family Studies (2020) conducted a survey of Families in Australia from May to June.

The ABS survey surveyed 1,500 people nation-wide and found that 46% felt nervous some of the time, 24% felt hopeless some of the time and 17% felt so depressed that nothing could cheer them up at

**Table 1. COVID-19 cases Australian States and Territories (as at mid-September, 2020).**

State/Territory	Total cases	Deaths	Incidence rate	Case fatality ratio (%)
Qld	1,149	6	22.46	0.52
NSW	4,170	52	51.37	1.25
ACT	113	3	26.40	2.65
Vic	19,872	729	299.73	3.67
Tas	230	13	42.95	5.65
SA	466	4	26.53	0.86
WA	659	9	25.05	1.37
NT	33	0	13.44	0.00
Australia	26,692	816	29.74*	2.00

Note: John Hopkins University Coronavirus Resource Centre.

\*Average incidence rate excludes Victoria. Including Victoria the average is 63.5%.

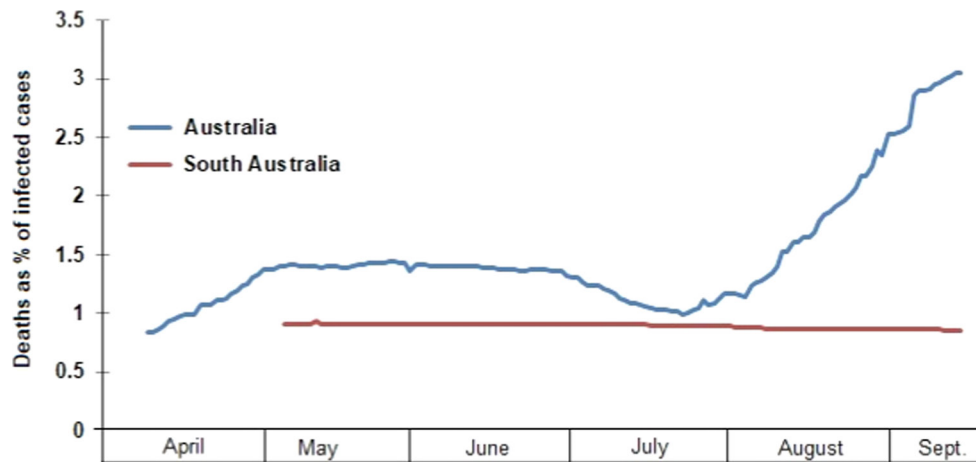


Figure 2: Case fatality ratio (deaths as % of infected cases) – Australia and South Australia

least some of the time. Women were more prone to these feelings than men. The elderly (65+) were less prone to these feelings.

The Families in Australia Survey, which surveyed over 7,000 participants, found that 60% of people were working from home during COVID-19 compared with 7% before the pandemic. Previously 30% of families used parent-only care but this rose to 64% during the pandemic, involving 40% actively caring for children while working. Nearly half (43%) had lost employment, reduced hours or wages, with young adults the most impacted.

Other surveys covered the impacts of COVID-19 on people with disabilities, gambling, fraud, mental health, asthma, teaching and learning.

## RGSSA COVID-19 survey

The anonymous survey covered the period from mid-March to late-August. It commenced on 24 August and ended on 6 September, a period of 14 days. The survey was conducted online, using the Survey Monkey facility. It was advertised by emailing members several times with the link to the survey. A total of 73 persons completed the survey, around 24% of the Society's 305 members. The confidence interval is 0.10 at the 95% confidence level (0.05 confidence interval is the standard for social science research).

## Respondents

The respondents comprised 29 females and 44 males. Four respondents were aged 25–44, 10 were

45–64, 56 were 65–84, and 3 were 85+. Thus, 80% were 65 and older, a reflection of the age distribution of the membership. Over half the households (42) were couples, there were 23 single households, 5 were households with children and there were 3 other combinations. Nearly 60% of respondents (43) were retired, a further 16 were regular volunteers and only 12 were in employment. Table 2 displays the breakdown of the 73 respondents.

## Survey sections

The survey comprised four sections:

- RGSSA – related questions.
- Effects of lockdown.
- Personal effects.
- Management of COVID-19.

It comprised 21 questions plus four of the respondents' characteristics (age, gender, etc.). A tabular summary of the results is provided in the Appendix.

The following shows the main responses together with examples of comments received on the topic with particular focus on COVID-19-related issues.

## RGSSA – related questions

Most members missed attending RGSSA lectures, Library and Rare Book events, and over half had watched online recorded lectures. One person

**Table 2. Respondents' characteristics.**

<i>Females</i>						
Households	Work status	25–44	45–64	65–84	85+	Total
Single person	Working		1			1
	Retired			6	1	7
	Volunteering	1	1	5		7
Couple only	Working	1				1
	Retired			7		7
	Volunteering		1	1		2
Multiple adults (no children)	Working		1			1
Household with children	Working		2			2
Other	Working			1		1
	Total	2	6	20	1	29
<i>Males</i>						
Households	Work status	25–44	45–64	65–84	85+	Total
Single person	Working	1				1
	Retired			4		4
	Volunteering			3		3
Couple only	Working		1			1
	Retired		1	21	2	24
	Volunteering			6		6
Multiple adults (no children)	Working			1		1
Household with children	Working	1	2			3
Other	Working			1	1	
	Total	2	4	36	2	44

commented: “The recording of the lectures has helped to maintain momentum and create the sense of an active RGSSA during the COVID-19 restrictions”. Nearly all members were happy with RGSSA communications, one commenting that with all the government information about the virus to cope with “the occasional email from RGSSA is welcome”. While the majority were comfortable with resuming RGSSA meetings, there was still a good number who were nervous about doing this. “Some nervousness of resuming attendance at gatherings of large numbers of people but if evidence suggests that the chances of infection are low then we would be prepared to resume attendance”. With over 80% of the members who responded to the survey being 65 years and older, this is understandable as they are in the most vulnerable age group to the coronavirus.

## Effect of lockdown

Around half the respondents were avoiding public transport and public spaces and events, and many were working from home. Relatively few wore facemasks. Some had their groceries delivered to avoid going out. Comments included: “I wore a mask when at shops and other unavoidable public places”. “(I am) very mindful of social distancing ... have most groceries delivered. I wore a mask when at shops and other unavoidable public places”.

One of the hardest effects was not being able to visit the family during lockdown. Over half found this hard or very hard. Comments included: “Hard on us when I was trapped in the UK for 100 days”. “We were able to (Apple) FaceTime every few days”. “They live in Victoria. Haven’t seen grandies for eight months”. “It has made me feel sad that I can’t visit the people closest to me”.



Among the consequences of the coronavirus was the cancellation of travel plans, which affected over 84%. "This is the longest period in thirty years I have not travelled in an airliner". "Enjoyed taking a ride in the car and appreciating views from the sea walking the jetty, the hills, the parks and the many delights around our city". "I have read many books, have sewn quilts, cooked and have not done much housework. With no visitors, I've done things I enjoy while alone.... Sometimes the days seem very long, but there are more phone calls with friends because we currently have the time to talk".

Over half bought extra household supplies, probably including toilet paper on which there was a run in the shops! A positive outcome was that many learnt to use Zoom (an internet-based communication platform) to communicate with their family. A few learnt a new musical instrument and quite a few learnt new professional skills and knowledge. Many being grandparents made themselves available to look after grandchildren. Other activities included: "Cancelled elective surgery". "Updated my family tree through Ancestry by several hundred entries" "Completed many farm projects we haven't been able to get to for some time". "Painted a mural. Wrote a novel".

Some of the main highlights, good or bad, of physical isolation included: "Reduced meetings and more time to get to 'pending' tasks at home". "Not being able to see and be affectionate with friends". "Missed dining out and live theatre". "I miss my favourite people. I love the feeling that my time is mine to do what I want without so many demands". "Able to exercise everyday by walking along the nearby river, setting up some weights for gym exercises, cooking new recipes, reading time". "Peace & quiet. Lots of walking". "Learnt more about my neighbours...good folk".

Three-quarters of respondents indicated that their lifestyle had changed very much as a consequence of COVID-19, although a minority said there was no change. One person commented: "As a very active volunteer I am no longer able to participate in most of the activities that I enjoy. Yes, some 'Zoom' activities are available, for which I am grateful, but it is not as enjoyable as sharing an evening with like-minded folk listening to an amazing presenter". Other comments included: "Yes because we cannot travel overseas or to most parts of Australia". "Putting more time into keeping healthy". "I avoid people and use sanitiser all the time. I also shop less frequently and stock up more". "No drinks after work. No dinner parties. No hugs. Saving money on restaurants because eating at home more". "Have met several neighbours for

the first time as we have been outside walking or gardening in our front yards".

## Personal effects of COVID-19

A series of questions asked how fearful members were of catching the coronavirus, and whether they felt isolated, lonely or depressed. Forty per cent were fearful of catching it, more than one-third felt isolated during the period, and a similar proportion felt lonely. A number commented on their personal state of health and age as being serious issues if they caught it. Seventeen persons were depressed during the period, but two-thirds were not depressed.

Comments about these effects included: "I am very thankful to live in S.A. where the dangers seem small. It might well be different living in Victoria!" "Because of my age I have been very fearful of catching coronavirus. Survival firstly, and then because of residual effects to my health if I should survive". "It is a deadly virus". "I have a lung disorder so I am very fearful". "Quite depressed in early stages of outbreak seeing so many usually lively venues shuttered, businesses in strife and hordes being laid off. A gloomy atmosphere prevailed". "Surprised by my reaction to the C-19 events. Had to refocus my positive attitudes and rekindle hope for the future".

Almost all people were able to access sufficient credible information to minimise the risk of contracting COVID-19 and the majority had adequate social support. Nineteen people found their financial position had deteriorated as a result of the virus, though the majority found no effect and eleven persons were better off. Comments included: "Super crashed! Might have to go and live with animals!" "As a self-funded retiree I have seen my investment returns plummet, as would have many RGS members". Seven persons suffered physically, although one commented: "In fact I've been a good deal healthier, walking more as am at home more and with less exposure to crowded gatherings and buses; have not been stricken by the usual colds and 'flu'".

Overall nearly 60% found the COVID-19 experience to be negative, although 13 persons found it positive. Typical comments included: "Negatives outweighed the positives as some people were unable to visit even dying relatives, small businesses struggled to survive, and careers were cut short". "Have learned who are my real friends during these times". "Living in fear of the invisible and unknown". "Never thought I would have experienced something like that in my life-time. We are so lucky to live out on our big island in the Pacific Ocean away from the worst of it".

## Management of COVID-19

Nearly everyone felt the South Australian Government had done an excellent or good job in managing COVID-19, but fewer were impressed with the efforts of the Federal Government. An effusive comment was: “(Dr) Nicola (Spurrier), the Chief Public Health Officer has instilled confidence in the community by being so generous with her time and keeping us informed on every practical aspect of managing this virus. The Commissioner of Police, Grant Stevens, with his matter of fact, unemotional tone, instilled confidence that the State would survive, manage this virus, and anarchy would not take over as it has done in the USA. The Premier, Steven Marshall, had the common sense to step out of the lime-light and let the Health and Police Departments relate detailed information themselves. Well done all”.

Asked how long COVID-19 would impact their lives, nearly 60% said it would be when a vaccine was available. Most of the remainder thought it would be some time in 2021, although some asked “Who knows?” A typical comment was: “We cannot be sure of anything until there is a safe and proven vaccine. I expect my life has probably changed forever and that everyday life will never be the same”.

## Comparison analysis

In this section, the influence of gender and age on the effects of COVID-19 are examined.

Combining the “very fearful” and “fearful” as one integer, and “not fearful” and “not fearful at all” as another integer facilitates the following comparisons to be made. Comparing being fearful of COVID-19 with gender found that women were far more fearful than men (Table 3). Males were far more neutral about fear than women. The difference between men and

women in being fearful was statistically significant ( $t = 10.25$ ,  $df: 72$ ,  $p < 0.000$ ).

Comparing fear with age found that up to 64 years, the number who were fearful equalled those not fearful. However, for the 65–84 group, twice as many were fearful. Interestingly, in the post-85 age group, two of the three respondents were not fearful compared with one who was fearful (Table 4). The influence of age on being fearful was not significant ( $t = 0.33$ ,  $df: 72$ ,  $p = 0.74$ ).

Comparing the extent of depression among respondents found that most people were not depressed, though a higher proportion of women than men indicated that they had experienced depression during this time (Table 5). The difference between men

**Table 4. Comparison of fear with age.**

	Fearful	Not fearful	Neutral	N
<i>Number</i>				
25–44	2	2	0	4
45–64	4	4	2	10
65–84	23	12	21	56
85+	1	2	0	3
<i>%</i>				
25–44	50	50	0	100
45–64	40	40	20	100
65–84	41.1	21.4	37.5	100
85+	33.3	66.7	0	100

**Table 5. Comparison of depression with gender.**

	Depressed	Not depressed	Neutral	N
<i>Number</i>				
Female	9	18	2	29
Male	8	30	6	44
<i>%</i>				
Female	31.0	62.1	6.9	100
Male	18.2	68.2	13.6	100

**Table 3. Comparison of fear with gender – number and %.**

	Fearful	Not fearful	Neutral	N
<i>Number</i>				
Female	16	4	8	28
Male	13	13	19	45
<i>%</i>				
Female	57.1	14.3	28.6	100
Male	28.9	28.9	42.2	100

and women in being depressed was significant ( $t = 15.33$ ,  $df: 72$ ,  $p = <0.000$ ). Comparing depression with age found that while most were not depressed, those aged 25–44 had the highest incidence of depression, although the number was small (Table 6). The influence of age on being depressed was significant ( $t = -6.53$ ,  $df: 72$ ,  $p = <0.000$ ).

Comparing gender with the extent respondents felt lonely found a higher proportion of women felt lonely compared with men (Table 7). The influence of gender on being lonely was significant ( $t = -11.34$ ,  $df: 72$ ,  $p < 0.000$ ). Table 8 shows that loneliness affected all ages, though somewhat less among the elderly. The influence of age on being lonely was significant ( $t = -2.79$ ,  $df: 72$ ,  $p = 0.007$ ).

**Table 6. Comparison of depression with age.**

	Depressed	Not depressed	Neutral	N
<i>Number</i>				
25–44	2	1	1	4
45–64	2	5	3	10
65–84	13	39	4	56
85+	0	3	0	3
%				
25–44	50	25	25	100
45–64	20	50	30	100
65–84	23.2	69.6	7.1	100
85+	0	100	0	100

**Table 7. Comparison of being lonely with gender.**

	Lonely	Not lonely	Neutral	N
<i>Number</i>				
Female	14	8	6	28
Male	14	25	6	45
%				
Female	50	28.6	21.4	100
Male	31.1	55.6	13.3	100

**Table 8. Comparison of being lonely with age.**

	Lonely	Not lonely	Neutral	N
<i>Number</i>				
25–44	3	0	1	4
45–64	4	4	2	10
65–84	20	27	9	56
85+	1	2	0	3
%				
25–44	75	0	25	100
45–64	40	40	20	100
65–84	35.7	48.2	16.1	100
85+	33.3	66.7	0.0	100

Comparing how difficult it was to not visit the family during the lockdown with gender, a higher proportion of women found this hard compared with men (Table 9). The influence of gender on not visiting the family was significant ( $t = -7.19$ ,  $df: 72$ ,  $p = <0.000$ ).

Comparing with gender whether respondents found their financial situation had deteriorated or got better during the COVID-19 crisis showed the majority of both genders were neutral about its effects. A higher proportion of men found their financial situation had worsened compared with women (Table 10). Table 11 shows that the younger age groups were more affected than the older groups. While the influence of gender on one's financial situation was significant ( $t = -11.97$ ,  $df: 72$ ,  $p = <0.000$ ), the influence of age was not significant ( $t = -0.39$ ,  $df: 72$ ,  $p = 0.69$ ).

**Table 9. Comparison of difficulty of not visiting the family with gender.**

	Hard	Easy	Neutral	N
<i>Number</i>				
Female	19	3	6	28
Male	21	9	15	45
%				
Female	67.9	10.7	21.4	100
Male	46.7	20.0	33.3	100



**Table 10. Comparison of effect of COVID-19 on financial situation with gender.**

	Worse	Better	Neutral	N
<i>Number</i>				
Female	6	2	20	28
Male	13	9	23	45
%				
Female	21.4	7.1	71.4	100
Male	28.9	20.0	51.1	100

**Table 11. Comparison of effect of COVID-19 on financial situation with age.**

	Worse	Better	Neutral	N
<i>Number</i>				
25–44	1	0	3	4
45–64	4	1	5	10
65–84	14	9	33	56
85+	0	1	2	3
%				
25–44	25	0	75	100
45–64	40	10	50	100
65–84	25	16.1	58.9	100
85+	0	33.3	66.7	100

While the majority of women found the overall COVID experience to be negative, a far greater proportion of men than women found it to be a positive experience (Table 12). The difference in experience between men and women was significant ( $t = -8.15$ ,  $df: 72$ ,  $p < 0.000$ ). Table 13 shows the influence of age on the COVID-19 experience. All age groups apart from the over 85 years found the experience to be negative, though two of the three 85+ group found it positive and the remaining person was neutral about it. The influence of age was significant ( $t = 2.28$ ,  $df: 72$ ,  $p = 0.03$ ).

Overall, men coped with the COVID-19 crisis better than women; they were less fearful, depressed or lonely. Women found being cut off from the family

**Table 12. Comparison of the overall COVID-19 experience with gender.**

	Positive	Negative	Neutral	N
<i>Number</i>				
Female	4	18	6	28
Male	11	22	12	45
%				
Female	14.3	64.3	21.4	100
Male	24.4	48.9	26.7	100

**Table 13. Comparison of the overall COVID-19 experience with age.**

	Positive	Negative	Neutral	N
<i>Number</i>				
25–44	0	3	1	4
45–64	1	7	2	10
65–84	12	30	14	56
85+	2	0	1	3
%				
25–44	0	75	25	100
45–64	10	70	20	100
65–84	21.4	53.6	25.0	100.0
85+	66.7	0.0	33.3	100.0

far harder to bear, but men found the financial impact worse than women though they found the overall COVID-19 experience more positive than women. The elderly were less fearful of catching the virus, were less depressed and lonely than those younger, while more of the elderly found their financial situation had improved during the crisis. The elderly were more positive about the overall COVID-19 experience than those younger.

## Conclusion

COVID-19 has had a major impact on RGSSA members and overall they found it a negative experience. Being cut off from family, fear of infection,

isolation, depression and loss of financial security were felt by many. But as well there were positive outcomes – learning new skills and knowledge, interacting locally, and more exercise and walking.

At the wider community level, the pandemic has resulted in what many describe as draconian lockdowns and border closures by State Governments. The Federal Government has incurred a massive debt to provide JobKeeper and JobSeeker payments to businesses to maintain staff, assistance for businesses such as child care, and payments to pensioners. There have been significant job losses, many closed businesses, schools and universities closed, raiding of superannuation by individuals to maintain lifestyles, and substantial economic costs.

Release of an effective vaccine is likely to be many months away and, according to the Mayo Clinic, we do not know yet whether an effective vaccine is possible for this virus. So living with the virus over the long term may be the only option. Travelling overseas for Australians may be a distant dream. The effects of COVID-19 – personal, health, economic – will be felt for years to come.

## Acknowledgments

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## Appendix

### COVID-19 SURVEY RESULTS

#### RGSSA – related questions

Miss RGSSA activities: Yes 51 No 22.

Watched recorded lectures: Yes 37 No 36.

RGSSA communications: Very satisfied 30, satisfied 37, neutral 5, unsatisfied 1.

Resuming RGSSA events: Very comfortable 15, comfortable 28, neutral 18, uncomfortable 9, very uncomfortable 3.

### Effect of lockdown

Use facemask 7, avoid public transport 33, avoid public spaces & events 27, work from home 27, none of these 22.

Not being able to visit the family: very easy 4, easy 8, neutral 21, hard 30, very hard 10.

Actions: cancelled gatherings 6, cancelled travel plans 62, kept children from school 5, looked after children or grandchildren at home 13, brought extra household supplies 41, learnt a musical instrument 4, Learnt new professional skills & knowledge 12, learnt to use Zoom 49.

Changed lifestyle due to virus: very much 17, slightly 40, neutral 5, no 10, not at all 1.

### Personal effects of COVID-19

Fear of catching coronavirus: very fearful 7, fearful 22, neutral 27, not fearful 16, no fear at all 1.

Access credible information: yes 70, no 3.

Isolated: felt very isolated 1, felt fairly isolated 26, neutral 13, little feeling of isolation 25, no feeling of isolation 8.

Loneliness: very lonely 3, slightly lonely 25, neutral 12, not lonely 20, not at all lonely 13.

Depression: very depressed 2; slightly depressed; neutral 8, not depressed 27, not at all depressed 21.

Adequacy of social support: excellent social support 8, sufficient social support 39, neutral 25, lacked social support 1, lacked any social support 0.

Suffered physically: yes 7, no 66.

Financial situation: much worse 4, worse 15, neutral 43, better 11, much better 0.

Overall COVID experience: very negative 8, negative 34, neutral 18, positive 13, very positive 0.

### Management of COVID-19

By SA Government: excellent 30, good 35, neutral 8, badly 0, very badly 0.

By Federal Government: excellent 18, good 29, neutral 15, badly 10, very badly 1.

When will it end: by end 2020 4, mid 2021 12, end 2021 10, end 2022 4, when a vaccine is readily available 43.